

Wisconsin Department of Regulation & Licensing

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HEARING AND SPEECH EXAMINING BOARD

SPEECH-LANGUAGE PATHOLOGY CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY THE SCHOOL YOU RECEIVED YOUR MASTERS DEGREE
FROM AND RETURNED TO THE HEARING AND SPEECH EXAMINING BOARD

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

Social Security Number*

_____ - _____ - _____

ADDRESS (City, State, Zip)

Date of Graduation

____ / ____ / ____

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION

LOCATION OF INSTITUTION

DEGREE AWARDED

MAJOR

DATE DIPLOMA GRANTED**

Signature of Dean or Department Head

Date

SCHOOL SEAL

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS
ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.